

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90157 003 \*\*\*\*50.00



**DOCUMENT # L04000075785**

1. Entity Name  
101 LOVEJOY, L.L.C.

Principal Place of Business  
101 LOVEJOY ROAD  
FORT WALTON BEACH, FL 32547

Mailing Address  
P.O. BOX 292  
NICEVILLE, FL 32588

00000101



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

41-2154920

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANCHORS, C. LEDON  
909 MAR WALT DRIVE  
SUITE 1014  
FORT WALTON BEACH, FL 32547

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
MGRM  
MASSING, SANDRA C  
STREET ADDRESS  
P.O. BOX 292  
CITY-ST-ZIP  
NICEVILLE, FL 32588 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
MGR  
MASSING, ALAN  
STREET ADDRESS  
P.O. BOX 292  
CITY-ST-ZIP  
NICEVILLE, FL 32588 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
MGR  
SUWANEE REALTY COMPANY  
STREET ADDRESS  
1980 MORGAN WAY  
CITY-ST-ZIP  
BUFORD, GA 30518 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
MGR  
VJR ENTERPRISES, INC.  
STREET ADDRESS  
738 GLEN VALLEY WAY  
CITY-ST-ZIP  
DACULA, GA 30019 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
MGR  
PROKESCH, RICHARD C  
STREET ADDRESS  
3029 CRAZY TRAIL  
CITY-ST-ZIP  
ATLANTA, GA 30345 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-30-05 (850) 897-3782